

<div>Massachusetts Department of <b>Workforce</b> Development <small>Division of Unemployment Assistance</small></div> <div>INITIAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE  DISASTER RELIEF ACT OF 1974</div>	FOR OFFICE USE		
	1. Primary DOT Code		3. Local Office No.
	4. Disaster No.	Disaster Date	Disaster Announcement Date
APPLICANT'S NAME (Last, First, Middle)	DATE OF BIRTH (Mo., Day, Yr.)		SOCIAL SECURITY NO.
ADDRESS (No., Street, City, County, State, ZIP Code)	SEX (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS	NUMBER OF DEPENDENTS
NAME AND ADDRESS OF LAST EMPLOYER (Include County)	LAST OCCUPATION		LAST DATE WORKED
I HEREBY certify, under the penalty of perjury, that I am a citizen of the United States.  (Claimant Initial) _____	I HEREBY certify, under the penalty of perjury, that I am in satisfactory immigration status.  (Claimant Initial)_____ INS Document Number: # A _ _ _ _ _		

A. APPLICANT REQUEST

I HEREBY apply for DISASTER UNEMPLOYMENT ASSSISTANCE (DUA) for the period of unemployment resulting from the announced disaster assistance period beginning (May 14, 2006). My unemployment was a result of this disaster as follows: (Explain in complete details)

IF YOU WERE SELF EMPLOYED, YOU **MUST** ALSO COMPLETE FORM ETA 81A. (Attached)

B. RETROACTIVE FILING

1. List below all weeks following the date of the disaster that you were totally or partially unemployed due to the disaster and for which you are claiming DUA. Report gross earnings from employment and net earnings from self-employment.

WEEK ENDING	HOURS WORKED	EARNINGS	WEEK ENDING	HOURS WORKED	EARNINGS	WEEK ENDING	HOURS WORKED	EARNINGS
		\$			\$			\$
		\$			\$			\$

(For the weeks claimed above, answer the following questions by checking the appropriate box(es). If the answer to questions 2a or 2b is "YES," complete the information requested in the space to the right of the question).

2. a. Did you apply for or receive, or would you be eligible to receive if you had applied for:

(1) Unemployment compensation under any State or Federal law?.....

☐ Yes ☐ No

(2) Any amounts for loss of wages due to illness or disability? .....

☐ Yes ☐ No

(3) Any type of private income protection insurance?.....

☐ Yes ☐ No

(4) Any amount as a supplemental unemployment benefit (SUB) .....

☐ Yes ☐ No

b. Were any amounts payable to you from any retirement, pension or annuity under a public or private plan or system (only if applicable under State UI law)?.....

☐ Yes ☐ No

3. Were you able and available for work during each of the weeks claimed above?

☐ Yes ☐ No

4. Did you accept all work offered during each of the weeks claimed above? .....

☐ Yes ☐ No

TYPE OF EACH PAYMENT AMOUNT	PERIOD COVERED	
	From	To

C. APPLICANT EMPLOYMENT

(In order to compute the amount of my weekly entitlement to disaster unemployment assistance, I CERTIFY that I had the following employment and/ or self-employment, and earnings during calendar year 2005:)

NAME AND ADDRESS OF EMPLOYER (or Self-Employment)	PERIOD EMPLOYED		TOTAL EARNINGS*	WEEKLY WAGE	FOR OFFICE USE
	From	To			Documentary or other proof of earnings
	1-1-05	3-31-05	\$	\$	
	4-1-05	6-30-05	\$	\$	
	7-1-05	9-30-05	\$	\$	
	10-1-05	12-31-05	\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

\* Report GROSS earnings from employment; NET earnings from self-employment.

D. APPLICANT CERTIFICATION

I CERTIFY that the information I have given on this form is correct, and that I have supplied the information, voluntarily, in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the ACT.

SIGNATURE OF APPLICANT

DATE (Month, Day, Year)